

*Department of the Youth Authority
Personnel Management Services Division
Selection Services Bureau
4241 Williamsborough Drive, Suite 115
Sacramento, CA 95823*

**SUPPLEMENTAL APPLICATION
FOR
SPECIAL EDUCATION CLASSIFICATIONS**

Please check the classification(s) for which you are testing:

- ☐ SCHOOL PSYCHOLOGIST
- ☐ RESOURCE SPECIALIST, SPECIAL EDUCATION
- ☐ LANGUAGE, SPEECH AND HEARING SPECIALIST

**THIS SUPPLEMENTAL APPLICATION REPRESENTS
THE ENTIRE EXAMINATION FOR THIS THE ABOVE LISTED CLASSIFICATIONS.**

From the information that you provide, your ranking on an eligibility list will be determined.
As vacancies occur, this list may be used to identify candidates for consideration.

DEPARTMENT OF THE YOUTH AUTHORITY
Supplemental Application for
School Psychologist; Resource Specialist, Special Education and
Language, Speech and Hearing Specialist

PRINT

Name:

LAST

FIRST

M.I.

Address:

Telephone:

Home: ()

Work: ()

Instructions

The purpose of this Supplemental Application is to provide you an opportunity to explain significant aspects of your qualifications for any one of the three specialist job classes with the Department of the Youth Authority.

PLEASE READ THE INFORMATION LISTED BELOW VERY CAREFULLY

This document constitutes the entire examination for this job class. From the information, which you provide, your ranking on an eligibility list will be determined. As vacancies occur, this list may be used to identify candidates for consideration.

The closer that your education and experience matches that of successful specialists with the Youth Authority, the higher your position will be on the list. This Supplemental Application will not be used to screen-out qualified applicants. The information, which you provide, will be verified prior to employment.

- ✓ Your responses to the questions in this application must be provided on this form.
- ✓ **Attach a copy of your credential(s)**
- ✓ Do not attach a resume or other materials. Additional materials **will not** be evaluated.
- ✓ Do not refer to any other document or source. Answer **ALL** questions as requested.
- ✓ The information which you provide should be typed or written legibly.
- ✓ By completing all parts of the application thoroughly, you will be assured of a fair rating of your qualifications.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (916) 262-2719

This Supplemental Application is a **MANDATORY** part of the examination process. Failure to return the completed application by **SEPTEMBER 14, 2004** will eliminate you from this exam. *When completed, be sure to keep a photocopy of this application for your records.*

I Hereby Certify that all statements made in this Supplemental Application are true and complete. I also understand that if I do not have legal minimum qualifications for this class, I will be removed from the examination when this fact is determined.

Signature

Date

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(Revised 3/96)

☐ **PART 1 - CREDENTIALS, LICENSES AND CERTIFICATIONS**

☐ **CALIFORNIA CREDENTIALS** - List all your California credentials. For each credential, specify credential type (preliminary, emergency, or clear), expiration date and authorizations.

Credential name: _____ Number: _____

For Rater's Use Only

Credential type: Circle One
Clear Preliminary Expiration date: _____
Emergency

Authorizations _____ :

=====

Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Expiration date: _____
Emergency

Authorizations _____ :

=====

Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Expiration date: _____
Emergency

Authorizations _____ :

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Credential name: _____ Number: _____

Credential type: Circle One
Clear Preliminary Expiration date: _____
Emergency

Authorizations _____ :

=====

☐ **PROFESSIONAL LICENSES**

List all professional licenses which you currently hold (e.g., Speech Pathologist, Psychologist, LCSW, etc.). For each license, specify the licensing agency, license number and expiration date.

License: _____ Number: _____

Issuing agency: _____ Expiration date: _____

License: _____ Number: _____

Issuing agency: _____ Expiration date: _____

☐ **PROFESSIONAL CERTIFICATIONS**

Describe any professional certifications which you currently hold (e.g., Behavior Management Certification, Bilingual Certification, ASL, ATR, NCSP, etc.). List the professional organization/agency providing the certification and the nature of the certification.

Certification: _____

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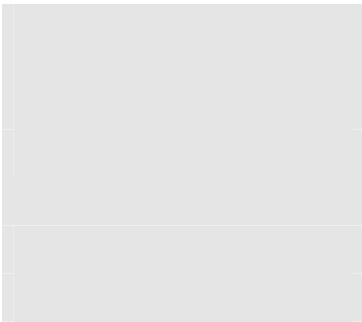
Issuing organization/agency: _____

Nature of the certification: _____

Certification:

Issuing organization/agency: _____

Nature of the certification: _____



☐ PART 2 - EDUCATION

☐ DEGREES EARNED - Circle all degrees which you currently hold.

B.A. B.S. M.A. M.S. M.Ed. M.S.W. Ed.D. Ph.D. Psy.D. Other: _____

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☐ UNDERGRADUATE EDUCATION

List the college or university at which you completed your Bachelor's degree. Include degrees from accredited colleges or universities only. Specify the name and location of the college or university, the major field of study, semester or quarter units completed, degree received and date of degree.

College or University: _____

Major Field of Study: _____

Semester units completed: _____ or Quarter units completed: _____

Degree received: _____ Date of degree: _____

College or University: _____

Major Field of Study: _____

Semester units completed: _____ or Quarter units completed: _____

Degree received: _____ Date of degree: _____

☐ POST GRADUATE EDUCATION

List all post graduate degrees earned. Include degrees from accredited colleges or universities only. Specify the name and location of the college or university, the major field of study, field of study, semester or quarter units completed, degree received and date of degree.

College or University: _____

Major Field of Study: _____

Semester units completed: _____ or Quarter units completed: _____

Degree received: _____ Date of degree: _____

College or University: _____

Major Field of Study: _____

Semester units completed: _____ or Quarter units completed: _____

Degree received: _____ Date of degree: _____

☐ PROFESSIONAL/SPECIALIST EDUCATION

Was the education program in which you completed in your specialty described above under Post Graduate Education? ☐ Yes ☐ No If no, where did you obtain your specialist education?

College or University: _____

Major Field of Study: _____

Semester units completed: _____ or Quarter units completed: _____

Degree received: _____ Date of degree: _____

☐ **PART 2 - EDUCATION (CONTINUED)**

☐ **FIELD TRAINING: PROFESSIONAL INTERNSHIPS, REQUIRED PROFESSIONAL EXPERIENCE and/or CLINICAL FELLOWSHIP**

Describe your specialist or service program field training, including all internship experience, required professional experience (RPE) and/or clinical fellowship year (CFY) experience. Describe each unique experience.

(1.) Employer/Agency: For Rater's Use Only

Location:

Position/Classification:

Supervisor:

Dates of employment: From / / to / /
Mo. Day Yr. Mo. Day Yr.

Total hours completed:

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

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(2.) Employer/Agency:

Location:

Position/Classification:

Supervisor:

Dates of employment: From / / to / /
Mo. Day Yr. Mo. Day Yr.

Total hours completed:

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:

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(3.) Employer/Agency:

Location:

Position/Classification:

Supervisor: _____

Dates of employment: From _____/_____/_____ to _____/_____/_____
Mo. Day Yr. Mo. Day Yr.

Total _____ hours _____ completed:

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

☐ PART 3 - PROFESSIONAL EDUCATION EXPERIENCE

List all of your professional education experience (teaching; speech, hearing and language specialist; school psychologist; etc.). Begin with your most recent experience and work backwards. Include all information requested for each position.

(1.) Employer/Agency: For Rater's Use Only

Location:

Position/Classification:

Dates of employment: From ____/____/____ to ____/____/____
Mo. Day Yr. Mo. Day Yr.

☐ Full-time ☐ Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

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(2.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From ____/____/____ to ____/____/____
Mo. Day Yr. Mo. Day Yr.

☐ Full-time ☐ Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

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(3.) _____ Employer/Agency:

Location:

Position/Classification:

Dates of employment: From _____/_____/_____ to _____/_____/_____
Mo. Day Yr. Mo. Day Yr.

☐ Full-time ☐ Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

☐ **PART 3 - PROFESSIONAL EDUCATION EXPERIENCE (CONTINUED)**

(4.) Employer/Agency: For Rater's Use Only

Location:

Position/Classification:

Dates of employment: From ____/____/____ to ____/____/____
Mo. Day Yr. Mo. Day Yr.

☐ Full-time ☐ Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

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(5.) Employer/Agency:

Location:

Position/Classification:

Dates of employment: From ____/____/____ to ____/____/____
Mo. Day Yr. Mo. Day Yr.

☐ Full-time ☐ Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

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(6.) _____ Employer/Agency:

Location:

Position/Classification:

Dates of employment: From ____/____/____ to ____/____/____
Mo. Day Yr. Mo. Day Yr.

☐ Full-time ☐ Part-time Hours worked per week _____

Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved: _____

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□ LANGUAGE/SPECIAL SKILLS

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[illegible]

Describe other job(s) you have held which are relating to the jobs you are applying for:

Employer/ Agency:

Location:

Dates of employment: From _____ to _____
Mo. Day Yr. Mo. Day Yr.

Grade level and subjects taught:

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Student population served (ethnic mix/percentage, age range, other relevant characteristics). Also, describe your duties and responsibilities including any special projects or assignments with which you were involved:_____

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*This completes the Supplemental Application.
Please be sure to retain a copy of this completed
Supplemental Application for your records.*

STATE OF CALIFORNIA
DEPARTMENT OF THE YOUTH AUTHORITY
631 - CONDITIONS OF EMPLOYMENT
(1/04)

NAME _____

LOCATION(S) IN WHICH YOU ARE WILLING TO WORK

PLEASE CHECK YOUR CHOICE(S)
YOU WILL NOT BE OFFERED A JOB IN LOCATION(S) NOT CHECKED

☐ (5) ANYWHERE IN THE STATE - If checked, no further selection is necessary

☐ (3916) **SAN JOAQUIN COUNTY AREA FACILITIES**
- DeWitt Nelson Youth Correctional Facility, Stockton
- N.A. Chaderjian Youth Correctional Facility, Stockton
- O.H. Close Youth Correctional Facility, Stockton

☐ (1996) **LOS ANGELES COUNTY AREA FACILITIES**
- Southern Youth Correctional Reception Center and Clinic, Norwalk

☐ (3628) **SAN BERNARDINO COUNTY**
- Heman G. Stark Youth Correctional Facility, Chino

☐ (0307) **AMADOR COUNTY**
- Preston Youth Correctional Facility, Ione

☐ (4003) **SAN LUIS OBISPO COUNTY**
- El Paso de Robles Youth Correctional Facility, Paso Robles

☐ (5610) **VENTURA COUNTY**
- Ventura Youth Correctional Facility, Camarillo

TYPE OF APPOINTMENT YOU WILL ACCEPT

CHECK YOUR CHOICE(S)
YOU WILL NOT BE OFFERED A JOB FOR A TYPE OF APPOINTMENT NOT CHECKED

☐ Permanent, Full-Time

☐ Limited Term, Full-Time

☐ Permanent, Intermittent*

☐ Limited Term, Intermittent*

*Persons who are hired on an intermittent basis will be scheduled for work in an as needed basis and may have the opportunity to work up to 1,500 hours. Acceptance of an intermittent appointment will maintain full-time eligibility for the period of time this list is in existence.